

Registration

Student's Last Name	First Name		Date of Birth
Address	City	St	Zip
Phone #	Contact Person		Cell #
E-mail			
How did you hear about The Da	ance Studio?		
Classes			
Please print this REGISTRATION	I FORM and mail with the	\$20 regi	stration fee to:
The Dance Studio			
The Kids Village 35 Post office Park			
Wilbraham, Ma. 01095			
Please make Checks payable to	: The Dance Studio		
A Student's enrollment is not co	omplete until the \$20 reg	istration	fee is received.
Registration Fee \$		Date Rece	ived: